DECLARATION AND POWER OF ATTORNEY, FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR § 1.63)			Docket No:		58707US	3002	
			First Named Inventor: Matthew			T. Scholz et al.	
			COMPLETE IF KNOWN				
		- ,	Application No	o.:			
Declaration Submitte	ed Declaration Submitted	harge 37 CFR	Filing Date:				
with Initial Filing	Initial Filing (surcharge § 1.16(e) required)		Art Unit:				
	g 1.16(e) required)		Examiner Nar	me:			
name, and that I believe	tor, I hereby declare that my res I am an original, first, and sole are listed below) of the subject n	inventor (in natter whice	f only one nam th is claimed an	e is listed ad for which	l below) or a ch a patent i	an original, first	t, and joint
L	ANTIMICROBIAL CO	MPOSII	IONS AND I	METHO	DS		
The specification of which	1						
is attached hereto;							
was filed on							
As United States Ap	oplication No.						
☐ is identified as PCT	International Application No.		ſ				
filed on							
and was amended on			(iī	applicabl	e).		
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.							
continuation-in-part application	to disclose information which i cations, material information wh national filing date of the continu	ich becam	e available betv	y as defii ween the	ned in 37 (filing date o	CFR § 1.56, in of the prior appli	cluding for cation and
inventor's or plant breed country other than the U application for patent, in	riority benefits under 35 USC ler's rights certificate(s), or 365 nited States of America, listed ventor's or plant breeder's right tion on which priority is claimed.	(a) of any below and s certificate	PCT internation have also iden	nal applicatified belo	cation which ow, by chec	n designated at cking the box, a	t least one any foreigr
Prior Foreign		Foreign Fill				Certified Copy YES	
Application No.	Country	(MM/DD/	1111)	Ciain	neu 1	1 50	NO
	 				<u> </u>		片片
of appointment, substitu-	oners at Customer Number 326: tion, and revocation) to prosec e thereof, and to transact all bus	ute this ap iness in the	oplication and a	any divisi	on, continua	ation, continuat	ion-in-part

Customer Number for Practitioner of Record:

32692

I also appoint the following Practitioners as my attorneys and/or agents with full powers (including the powers of appointment, substitution, and revocation) to prosecute this application and any division, continuation, continuation-in-part, reexamination, or reissue thereof, and to transact all business in the U.S. Patent and Trademark Office connected therewith: Ann M. Mueting (Reg. No. 33,977).

Docket No.: 58707US002

The mailing address and the telephone number of the above-identified attorneys and/or agents are that of Customer No. 32692.

Inquiries regarding this application can be made to:

Attention: Nancy M. Lambert Office of Intellectual Property Counsel 3M Innovative Properties Company Telephone No.: (651) 733-2180

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 USC § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:	☐ A petition has been filed for this unsigned inventor.							
Given Name (first and middle [if any]): Matthew T.	Family Name or Surname: Scholz							
Inventor's Signature:		Date: 9/9/03						
Residence: O	Country: U.S.A.	Citizenship: United States of America						
Mailing Address: P.O. Box 33427, St. Paul, Minnesota 55133-3427, USA								
NAME OF JOINT INVENTOR, IF ANY:	☐ A petition has been filed for this unsigned inventor.							
Given Name (first and middle [if any]): Dianned	Family Name or Surname: Gibbs							
Inventor's Signature:		Date: 9/9/03						
Residence: St. Paul, Minnesota	Country: U.S.A.	Citizenship: United States of America						
Mailing Address: P.O. Box 33427, St. Paul, Minnesota 55133-3427, USA								
NAME OF JOINT INVENTOR, IF ANY:	☐ A petition has been filed for this unsigned inventor.							
Given Name (first and middle [if any]): John T.	Family Name or Surname: Capecchi							
Inventor's Signature: John T. Carecchi		Date: 9/9/03						
Résidence: Oakdale, Minnesota	Country: U.S.A.	Citizenship: United States of America						
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NAME OF JOINT INVENTOR, IF ANY:	☐ A petition has been filed for this unsigned inventor.			
Given Name (first and middle [if any]): Jeffrey F.	Family Name or Surname: Andrews			
Inventor's Signature: O. Share F. Andrewer		Date: 9-9-63		
Residence: Stillwater, Minnesota	Country: U.S.A.	Citizenship: United States of America		
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